

Michigan Department of Community Health

Building Healthy Communities Request for Proposal

Date Issued:
July 18, 2008

Date Due:
August 20, 2008

Cardiovascular Health, Nutrition and Physical Activity Section Division of Chronic Disease and Injury Control

Michigan Department of Community Health
109 Michigan Avenue, 6th Floor
P.O. Box 30195
Lansing, MI 48909
(517) 335-8374



Part I

General Guidelines and Information

Background

Seven out of the ten leading causes of death in Michigan are attributable to chronic diseases such as cardiovascular disease, stroke, cancer, diabetes, and tobacco dependence. Michigan is currently ranked 13th worst in the nation in mortality from cardiovascular disease and has the ninth highest rate of obesity in the U.S. Chronic diseases are not only expensive to the health of our state, they also cost Michigan billions of dollars annually in medical expenses and lost wages due to illness and premature death.

Three risk factors are estimated to play a role in nearly 70% of all chronic diseases: poor nutrition, inadequate physical activity, and tobacco use. The Building Healthy Communities program addresses these three risk factors in Michigan using a population-based approach grounded in the theoretical framework of the Social Ecological Model (http://www.cdc.gov/nccdphp/dnpa/obesity/state_programs/se_model.htm) to prevent chronic disease and improve the health of residents. Local health departments are funded to plan, implement, and evaluate evidence-based interventions with a coalition of local partners that focus on changing the policies and environments in their communities that shape residents' ability and decision to engage in healthy lifestyle behaviors (see Program Logic Model on page 16 of this document). Changing community environments and policies related to these behaviors helps to change social norms and reduce the acceptability of these behaviors. Through improving access to healthful foods, opportunities for physical activity, and developing policies that reduce tobacco use and secondhand smoke exposure, the program aims to increase the number of residents engaging in health promoting behaviors and ultimately reduce chronic disease morbidity and mortality in Michigan.

Since the program began in 2005-2006, it has funded seven health departments to create change in their communities and develop a model for other communities to replicate. In 2008, nine new health departments were added to this program to plan changes in their communities, and the program is currently looking to expand further across the state. As of October 2007, the program had reached more than one million people, developed or enhanced 58 miles of walking trails, created 4 new farmers markets, 7 new community gardens, and provided outreach and education to thousands of Michigan residents.

Overview and Purpose

This Request for Proposal is issued by the Cardiovascular Health, Nutrition and Physical Activity Section in the Division of Chronic Disease and Injury Control at the Michigan Department of Community Health (MDCH). The purpose of this grant opportunity is twofold: (1) to build the capacity of local public health departments to address cardiovascular disease, obesity and other chronic diseases in their communities through development of a local coalition and creation of action plans for implementing policy and environmental change interventions in their communities; and (2) to support local health

departments and their coalitions who have already undergone this planning process in implementing policy and environmental changes that increase access to healthy eating, physical activity, and tobacco-free lifestyles.

This Request for Proposal describes two categories: Planning Grants and Implementation Grants. Planning Grant recipients will focus on building program infrastructure and capacity, developing partnerships within the community, completing environmental assessments, collecting formative data, and developing an action plan to implement policy and environmental change strategies. Implementation Grant recipients will focus on implementing and evaluating policy and environmental change strategies for reducing chronic disease in communities. All grants are subject to availability of funds, and will be awarded through a competitive review process.

Proposal Submission and Due Date

All proposals are due by 12:00 PM on August 20, 2008. Proposals must be sent in one email to Lisa Grost at grostl@michigan.gov. Late proposals will **NOT** be considered. An email will be sent to the applicant to confirm receipt of the proposal. If you have submitted a proposal and do not receive a confirmation on or before August 21, 2008 at 1:00 PM, contact Lisa Grost at (517) 335-9781.

Eligibility

Applicant eligibility is defined according to the criteria below. Applicants should follow the guidelines throughout the document that pertain to their eligibility category. Only one application is allowed per health department.

I. Planning Grants

Eligible applicants include local health departments in Michigan who have not previously received funding through the Building Healthy Communities program. Eight to ten health departments will be funded through this category.

II. Implementation Grants

Eligible applicants for implementation grants include those local health departments who have been funded by the Building Healthy Communities program during past years, including Calhoun County Health Department; Chippewa County Health Department; District Health Department #10; Ingham County Health Department; Ionia County Health Department; Kalamazoo County Health and Human Services; Kent County Health Department; Marquette County Health Department; Luce-Mackinac-Alger-Schoolcraft District Health Department; Muskegon County Health Department; Ottawa County Health Department; Public Health, Delta and Menominee Counties; Saginaw County Department of Public Health; Tuscola County Health Department; Washtenaw County Public Health Department; and Wayne County Health Department.

Funding

Contract dates and the amount of funding applicants can apply for are based on eligibility. Those eligible for **Planning Grants may apply for up to \$10,000** to conduct the activities outlined below. Planning Grant contracts will begin no later than January 1, 2009 and will end September 30, 2009. Applicants eligible for **Implementation Grants may apply for up to \$50,000**. Contracts for Implementation Grant recipients will begin October 1, 2008 and end September 30, 2009. Funding is contingent on availability of funds at the MDCH.

Match Requirement

Applicants applying for Planning Grants do not need to demonstrate matching funds.

Applicants applying for Implementation Grant funds will be required to demonstrate commitment to the project by providing a match of 25% of the total requested funds. The match must be provided between October 1, 2008 and September 30, 2009. The match may consist of (1) cash, (2) tangible items with a discernible value that support projects in your action plan (for example, a park bench, labor or materials for a sidewalk/trail/path, etc.) that can be contributed by the applicant or by a partner, or (3) a combination of both cash and tangible items. Health department staff time (in-kind or otherwise) will not be counted as part of the MDCH match requirement. All in-kind contributions including staff time should still be specified in the budget and will strengthen your application. A minimum of a 10% match was required for agencies who submitted Food Stamp Nutrition Education (FSNE) applications in April of 2008. That minimum 10% match MAY BE USED as a part of this 25% match requirement if not staff or volunteer time.

Proposal Guidelines

The proposal should be prepared according to the criteria outlined in Part IV of this document. The proposal should be double-spaced with a 12-point font and 1-inch margins and pages should be numbered. For those applying for Planning Grant funds, the total length of the proposal must not exceed 4 pages. For those applying for Implementation Grant funds, the total length of the proposal must not exceed 12 pages. The attached two budget forms do not count towards this page limit. Letters of support also do not count toward the page limit and may be placed in the appendix; however, all other key materials must be in the proposal unless otherwise noted.

General Criteria for Evaluation of Proposals

Proposals will be reviewed by a panel of public health consultants both within and external to the Cardiovascular Health, Nutrition and Physical Activity Section. All proposals will be scored and ranked using the review criteria specified in Part IV of this document. The proposal score and ranking will be used to determine which applicants and projects will receive funding.

Where to Obtain Additional Information and Assistance

If you have any program questions, please contact Lisa Grost at (517) 335-9781 or grostl@michigan.gov. Please direct contract or budget questions to Scott Bell at (517) 335-9300 or bells1@michigan.gov.

Part II

Administrative Guidelines

- A. Type of Contract – This contract will be a cost reimbursement contract.
- B. Incurring Costs – The MDCH is not liable for any costs incurred by the applicant prior to issuance of a contract fully signed by all parties.
- C. Rejection of Proposal – The MDCH reserves the right to reject any and all proposals in full or in part received or to negotiate with any source in any manner necessary to serve the best interests of the MDCH. The contents of this RFP will become contractual obligations if a contract ensues. Failure of the contractor to accept these obligations may result in cancellation of the award.
- D. Notification of Award – All applicants will be notified in writing of the results of the selection process.
- E. Contractor Responsibilities – An applicant whose proposal has been selected for contract will be required to assume responsibility for all services offered in their proposal. Moreover, the contractor shall indemnify and hold harmless the MDCH and its agents and employees from and against all claims, damages, losses, and expenses including attorneys' fees arising or resulting from the performance of work, which includes all labor, material, and equipment required to produce the service required by the contract. The MDCH will consider the selected applicant to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract. All subcontracts entered into by the applicant, subsequent to the contract award, must have prior approval by the MDCH.
- F. Agencies awarded a contract under this RFP will be expected to:
 - 1. Collaborate with partners to continue to assess communities to determine needs and evaluate progress utilizing the MDCH environmental assessment tools provided at www.mihealthtools.org.
 - 2. When projects are supported by this contract produce brochures, books, films, or other copyrightable materials issued by the applicant, the applicant must provide the MDCH and their agents with royalty free, exclusive, and irrevocable right to reproduce, publish, or otherwise use and to authorize others with prior MDCH approval to use any copyrighted or copyrightable materials developed fully or in part under the grant.
 - 3. Acknowledge receipt of support from the MDCH with logo or name in all programs and produced materials, events, articles or publications that result from the contract. The full name Michigan Department of Community Health should be written out; abbreviations or acronyms such as "MDCH" are not acceptable on materials.

4. Maintain adequate program and fiscal records and files including source documentation to support program activities and all expenditures made under the terms of the contract.
 5. Participate in monthly conference call meetings.
 6. Participate in site visits when requested by the MDCH.
 7. Participate in two required trainings. Training dates, times, and locations will be provided to successful applicants before the contract start date.
- G. Contract Payment Schedule – Financial status reports, which reflect actual expenditures, shall be prepared and submitted to the MDCH on a monthly basis for payment. All invoices should reflect actual work done. Specific details of payments will be agreed upon between the MDCH and the contractor after the proposed Contract Agreement has been signed and accepted by both the contractor and the MDCH.
- H. Project Control and Report – The Cardiovascular Health, Nutrition and Physical Activity Section manager and staff will confer at mutually agreed upon intervals for the purpose of reviewing progress, providing guidance to the contractor in solving problems that may arise, and in evaluation of the program. The contractor will submit written quarterly reports to the public health consultant managing the grant. The contractor will also submit a final report, summarizing and documenting all project activities, within 15 days of the end of the contract period.

Part III Recipient Activities

Those agencies that are successful in receiving funding through this opportunity will be expected to complete the following activities depending on their award type. Submitting a response to this Request for Proposal indicates the applicant's willingness to complete all activities during the contract period.

I. Planning Grant Recipient Activities

1) Community Coalitions and Partnerships

With at least one community within the health department's jurisdiction, build a coalition of diverse partner organizations committed to participating in planning, implementing, and evaluating chronic disease prevention efforts as part of the Building Healthy Communities program. Partners should represent a wide array of organizations and disciplines in order to conduct policy and environmental interventions in communities, which often take the work of many partners including non-traditional agencies. Suggested organizations

include: local public health, local government, Michigan State University Extension, Safe Routes to School groups, colleges/universities, parks and recreation, city engineering, chambers of commerce and key businesses, local planners, engineers and transportation specialists, schools, health care organizations, non-profit agencies, faith-based organizations, community agencies, foundations, and at least one resident from the community.

2) Community Assessment

All health departments applying for Planning Grant funds must agree to conduct assessments of their community to assist them in the action planning phase. MDCH provides a suite of assessment tools available at www.mihealthtools.org. For all communities undergoing planning, the *Healthy Communities Checklist* must be completed first, followed by the *Promoting Active Communities*, *Nutrition Environmental Assessment Tool* and *Smoke Free Community Assessment Tool*. Health departments may need to collect additional formative data to determine resident attitudes, behaviors, and beliefs as they pertain to healthy eating, physical activity, and tobacco in order to effectively plan future interventions for target populations.

3) Action Plan

After completing environmental assessments and data collection, a 3-year community action plan must be developed by the coalition. This action plan should address all three primary risk factors, include goals, SMART objectives, and be focused on evidence-based policy and environmental change strategies. The completed action plan should be a formal document/report suitable for dissemination to the public.

4) Capacity Building and Training

Health departments will be required to complete electronic pre and post surveys of knowledge and skills which will be used to determine the content of trainings and evaluate the effectiveness of these trainings. All health departments must agree to send one to two representatives from their agency to participate in two (2) trainings conducted by MDCH staff and their partners. Dates, times, and locations of these trainings will be announced around the time grant awards are announced. Local health departments must also agree to participate in monthly conference calls with MDCH staff to receive additional training and technical assistance, as well as share experiences with other grantees related to the coalition building, assessment and the action planning process.

5) Evaluation

All health departments will evaluate their assessment and action planning process and agree to participate in evaluation activities conducted by the MDCH on behalf of the entire Building Healthy Communities program.

II. Implementation Grant Recipient Activities

1) Maintain and Develop Strategic Partnerships for Reducing Chronic Disease

Recipients will be required to maintain a coalition of diverse partners who will participate in the planning, implementation, and evaluation of community-based interventions. Recipients should evaluate their partnerships annually and add additional partners as necessary. Coalitions should be formalized groups with mission statements and formal 3-year action plans containing goals and SMART objectives. Leadership of the coalition should be shared with local partners.

2) Implement Community-Based Interventions Based on Action Plans

Communities will implement interventions designed to improve nutrition, increase physical activity, and reduce tobacco use and exposure among residents in their communities. Communities should plan to address at least two of three risk factors in their communities during the funding year. These interventions must be primarily based on policy and environmental strategies and should have sufficient scientific evidence supporting their effectiveness. Interventions should utilize population-based approaches and target populations in the community with disproportionate levels of chronic disease and their corresponding risk factors. Formative data should be collected from target populations before selecting intervention strategies. Communities selected as intervention sites should also be of greatest need in the health department's jurisdiction. Examples of interventions and strategies are provided in the attached document, *"Effective and Promising Practice Interventions for Increasing Healthy Eating, Increasing Physical Activity and Decreasing Tobacco Use and Exposure in Community-Based Settings."*

3) Evaluate Community-Based Interventions

Recipients will be required to monitor the implementation and evaluate the effectiveness of their interventions on achieving program goals of improving nutrition, increasing physical activity, and reducing tobacco use and exposure. Recipients will be required to complete project logic models and be required to participate in program-level evaluation by the MDCH to determine the effectiveness of the entire program. This may include implementing sets of common measures and strategies for evaluation activities. Recipients should also periodically assess their community's progress on implementing policy and environmental changes by completing the assessment tools available on www.mihealthtools.org.

4) Capacity Building and Training

Health departments will be required to complete electronic pre and post surveys of knowledge and skills which will be used to determine the content of trainings and evaluate the effectiveness of these trainings. All health departments must agree to send one to two representatives from their agency to participate in two (2) trainings conducted by MDCH

staff and their partners. Dates, times, and locations of these trainings will be announced around the time grants are awarded. Local health departments must also agree to participate in monthly conference calls with MDCH staff to receive additional training and technical assistance, as well as share experiences with other program grantees.

Part IV Proposal Content and Evaluation Criteria

General Proposal Instructions

The instructions below must be followed in preparation of the proposal. There are separate instructions for those applying for Planning Grants vs. those applying for Implementation Grants. Please make sure you follow the appropriate guidelines based on the eligibility outlined in Part I. Applicant proposals that do not follow the correct guidelines will not be scored.

Applicants should organize their proposal according to the order specified below. Each of the proposal content categories should be clearly identifiable in the proposal. Use the questions listed under “Review Criteria” to assess whether your response is complete and consistent with the intent of the RFP. Reviewers will use these criteria to evaluate and score your proposal. Your score may impact the number, type, and/or scope of projects that will receive grant funding.

I. Planning Grant Proposal Narrative and Appendices

The narrative should be no more than 4 pages in length and include the following information in the order listed below. The two budget forms, budget justification, and letters of support do not count towards the page limit.

1) Applicant Contact Information (not scored)

- Applicant name
- Total amount of funding requested
- Name of contact person (one health department staff only)
- Address
- Telephone number
- Fax number
- E-mail address

2) Background and Need (30 points)

Briefly describe the agency’s past accomplishments in implementing successful chronic disease prevention efforts, especially your experience conducting policy and environmental interventions and/or interventions related to healthy eating, physical activity, and tobacco use and exposure. Describe the community or communities you will work

with for this project and how they were selected. Outline the assets and critical gaps as they pertain to implementing policy and environmental change interventions, including limitations of funding, staffing, resources, capabilities and programs that could be assisted by funding from this program.

Review Criteria

- Do the applicant's past experiences demonstrate capacity to successfully implement policy and environmental change interventions?
- Are there data to substantiate the existing burden of chronic disease and related risk factors in the identified community?
- Does the applicant demonstrate sufficient understanding of current assets and gaps?

3) Community Coalition (15 points)

Describe your plans for organizing a community coalition. Discuss plans for leadership and management of the coalition and plans for how coalition members will be involved in the decision-making processes related to the grant activities. Note any relevant existing partnerships or coalitions in the community(ies) selected that will participate in this effort.

Review Criteria

- Does the applicant outline reasonable plans for building a coalition of diverse partners?
- Does the applicant define the extent to which coalition members and partners will actively participate in community assessments and action planning?
- Does the applicant note relevant existing partnerships with key agencies?

4) Action Plan (20 points)

Describe your plans for assessing the community's policy and environmental supports, collecting formative data from the community, and developing a three-year action plan.

Review Criteria

- Does the applicant describe plans to complete the mihealthtools.org environmental assessment tools?
- Does the applicant describe how they will collect formative data from members of the community or identify sources of appropriate community data if already existing?
- Does the applicant outline a reasonable process for developing a three-year action plan with partners?

5) Program Infrastructure, Staffing, and Management (20 points)

Identify health department program staff who will participate in the project and percentage of their time dedicated to the project. Briefly describe staff credentials and area(s) of expertise and what their role will be in the proposed project.

Review Criteria

- Is the amount of staffing requested to be funded by the project reasonable?
- Are staff percent time on the project and roles clearly defined?
- Is the staff qualified with relevant background and expertise to fulfill their role in the project?

6) Appendix (15 points)

- A. Budget Forms (not scored)
- B. Budget Justification (5 points)
- C. Letters of Support (10 points)

A. Budget Forms

Complete and attach the two budget forms with a total requested amount of no greater than \$10,000. Items eligible for reimbursement include staff time, meetings, and travel to attend trainings.

B. Budget Justification

Include an explanation and justification for each item listed on the attached budget forms.

Review Criteria

- Does the applicant include justification for all items listed on the budget forms?
- Is the justification of expenses reasonable and necessary to complete the activities?

C. Letters of Support

Attach letters of support from key partner agencies that will participate in the coalition and assist with planning activities. There must be a signed letter from the health department's health officer.

Review Criteria:

- Is there a letter from the health officer indicating their support for the project and agreeing to the recipient activities?
- Does the applicant provide letters of support from partners who will be key in establishing a local coalition and conducting planning activities?
- Do the letters of support demonstrate the partners' understanding of their role in the process?

II. Implementation Grant Proposal Narrative and Appendices

The narrative should be no more than 12 pages in length and include the following information in the order listed below. The two budget forms, budget justification, letters of support, and logic models (if applicable) do not count towards the page limit.

1) Applicant Contact Information (not scored)

- Applicant name
- Total amount of funding requested
- Name of contact person (one health department staff only)
- Address
- Telephone number
- Fax number
- E-mail address

2) Project Abstract (5 points)

In two to three paragraphs, provide a succinct summary of your proposed activities. This should be a self-contained description of your entire project including the methods you intend to employ to accomplish your objectives. This summary should be suitable for dissemination to the public.

Review Criteria

- Does the applicant include a 2-3 paragraph abstract which summarizes their project?

3) Background and Need (10 points)

Briefly describe your accomplishments in implementing policy and environmental change interventions. Describe assets and critical gaps as they pertain to implementing policy and environmental change interventions, including limitations in funding, staffing, resources, capabilities and programs that could be addressed with funding through the Building Healthy Communities program.

Review Criteria

- Does the applicant's past experience demonstrate capacity to successfully implement policy and environmental change interventions?
- Does the applicant sufficiently describe community assets and gaps as they pertain to addressing chronic disease?
- Does the applicant demonstrate how they have built on community assets and leveraged resources to conduct projects in the past?
- Does the applicant include data to describe population burden and related risk factors?

4) Community Coalitions and Partnerships (10 points)

Describe the community coalition(s) you will work with as part of your proposed project including the representativeness of key agencies and individuals. Describe the leadership and management of your coalition including plans for how coalition members will be involved in decision-making processes related to the planning, implementation, and evaluation of your proposed interventions and their specific roles.

Review Criteria

- Do the coalitions and partnerships provide diverse representation adequate for conducting policy and environmental change interventions?
- Does the applicant define the extent to which coalition members and partners will actively participate in the planning, implementation, and evaluation of the intervention?
- How well are partner resources, including staffing, funding, and skills, being leveraged?

5) Community Interventions (35 points)

Describe the policy and environmental change interventions for which you are requesting funding support. For each intervention include title, funding amount requested and a description of the project including 1) purpose, 2) expected outcomes (short and long term), 3) methods, strategies and activities to be used in conducting the intervention; 4) evidence base to support your approach; 5) specific segments of your population that will be addressed by this intervention and how they were selected, 6) expected population reach, and 7) SMART objectives (see guide with examples here:

http://www.cdc.gov/dhdsdp/state_program/evaluation_guides/pdfs/smart_objectives.pdf).

Describe what in-kind or other funding or resources that will be used to support this project, including FSNE funding if applicable. If you have a logic model for any of your projects, it may be included in the Appendix.

Review Criteria

- Does the collection of proposed interventions address at least two of the three chronic disease risk factors that are the focus of the Building Healthy Communities project?
- Are the intervention strategies based on sound evidence of effectiveness?
- Is the funding for the interventions reasonable given the number of individuals to be reached and expected outcomes?
- Are the proposed interventions thoroughly described including the target populations to be served?
- Is there evidence to substantiate existing burden or disparities in the populations selected?
- Do the interventions include objectives that are specific, measurable, achievable, realistic, and time-phased?
- Does the applicant describe resources that will be contributed to the project by other funding sources and/or partners?

6) Evaluation Plan (10 points)

Describe your plans for evaluating the implementation and success of your projects, including both process and outcome measures. Describe the methods you will use to collect data and the indicators you will measure. Describe your plans to use the data to improve your project and how you will disseminate your findings to your communities. Indicate your willingness to participate in evaluations of the entire Building Healthy Communities program with the funding agency, including collection of common measures.

Review Criteria

- Has the applicant outlined evaluation steps for each intervention proposed?
- Has the applicant selected appropriate evaluation methods, indicators, and data sources necessary to track project implementation and effectiveness?
- Has the applicant agreed to collaborate with the MDCH and other funded agencies in implementing common evaluation measures?

7) Program Infrastructure, Staffing, and Management (10 points)

Identify program staff who will participate in the project and percentage of their time dedicated to the project. Include staff within the health department as well as those outside the health department who you plan to hire contractually through this opportunity. Briefly describe staff credentials and area(s) of expertise and what their role will be in the proposed project.

Review Criteria

- Is the amount of staffing requested to be funded by this proposal sufficient but not excessive?
- Are staff percent time on the project and roles clearly defined?
- Is the staff qualified with relevant background and expertise, to fulfill their role in the project?

8) Sustainability Plan (5 points)

Describe your plans for continuing to carry out activities on your 3-year action plan and maintaining your community coalitions after the grant period ends.

Review Criteria

- Does the applicant describe a realistic plan for sustaining activities after grant period ends?

9) Appendices (15 points)

A. Budget Forms (not scored)

- B. Budget Justification (5 points)
- C. Letters of Support (10 points)
- D. Logic Model (OPTIONAL-not scored)

A. Budget Forms

Attach the two completed budget forms with a total requested amount of no greater than \$50,000 and demonstrating matching funds totaling a dollar amount equal or greater to 25% of requested funds. The funds for Implementation Grants are intended to support policy changes, environmental changes, reach target population or behavior changes as a result of policy and environmental changes with a focus on physical activity, healthy eating and/or tobacco- free initiatives. Although funds may be spent on staff/contractor time, 60% or more of the **total funds (MDCH and FSNE=total project amount)** should be dedicated towards implementation of projects.

B. Budget Justification

Include an explanation and justification for each item listed on the attached budget forms.

Review Criteria

- Does the applicant include justification for all items listed on the budget forms?
- Is the justification of expenses reasonable and necessary to complete the activities?
- Are other funding sources identified that will contribute towards implementing the planned projects, including in-kind contributions?
- Does the applicant identify the appropriate match of total requested funds?
- Does the applicant devote less than or equal to 40% of total requested funds to staff/contractors?
- Has the applicant allotted no more than 10% of the budget to evaluation activities?

C. Letters of Support (10 points)

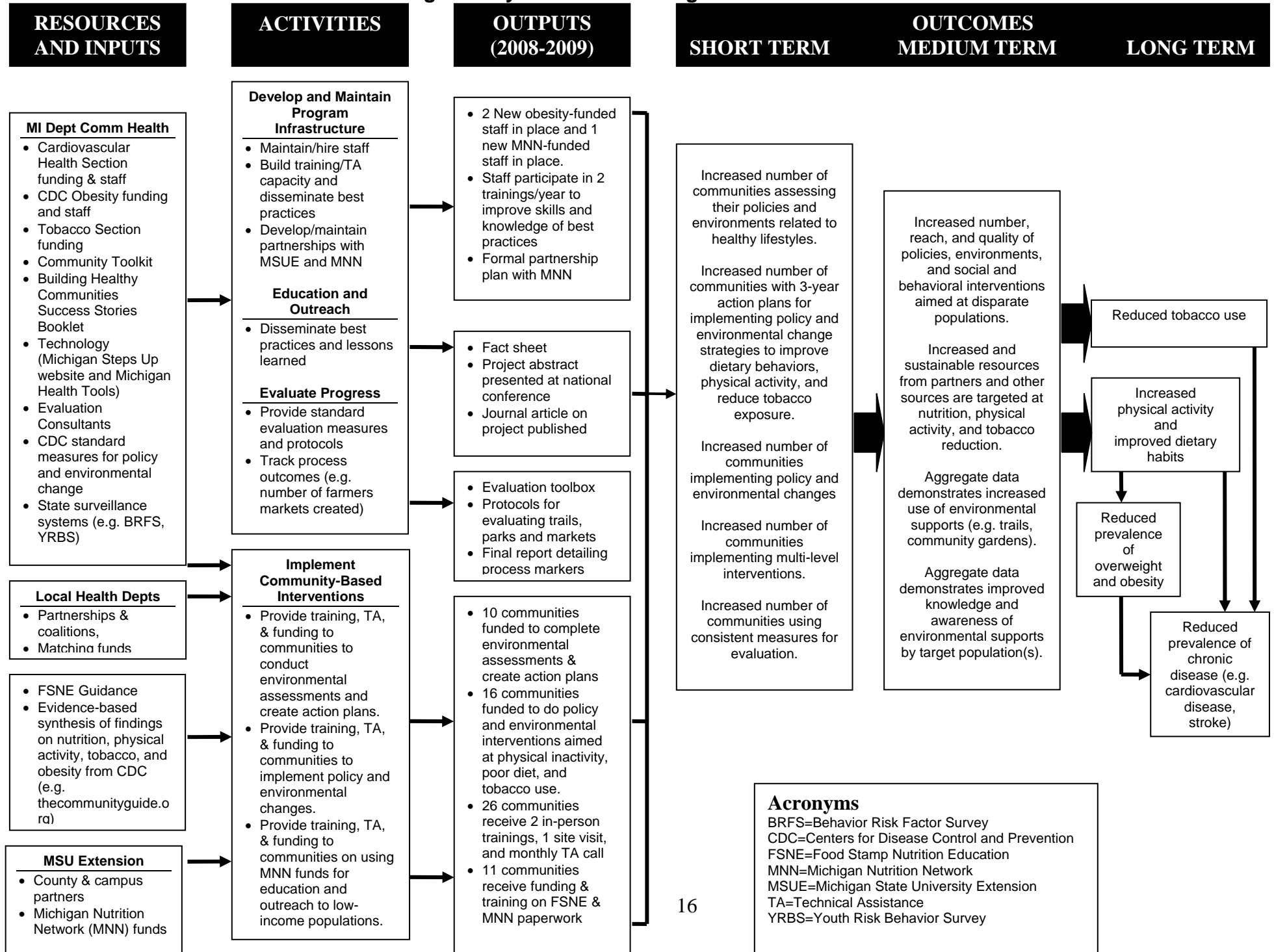
Attach letters of support from key partner agencies that will participate in the coalition and assist with planning activities. There must be a signed letter from the health department's health officer.

Review Criteria

- Is there a letter from the health officer indicating their support for the project and agreeing to the recipient activities?
- Do the letters of support demonstrate the partners' understanding of their role in the process?
- Are letters of support indicating match or other resources being provided for the projects?

D. Logic Model (noted but not scored)

Building Healthy Communities Logic Model



Acronyms

BRFS=Behavior Risk Factor Survey
 CDC=Centers for Disease Control and Prevention
 FSNE=Food Stamp Nutrition Education
 MNN=Michigan Nutrition Network
 MSUE=Michigan State University Extension
 TA=Technical Assistance
 YRBS=Youth Risk Behavior Survey